

Metro Filing Services, Inc.

317 South 13th Street
 PHILADELPHIA, PA 19107
 (215) 981 FILE

Philadelphia Association of
 Professional Process Servers

**AFFIDAVIT OF SERVICE**

PLAINTIFF(S) Matthew Thomas, Jr.	COURT TERM and NO. 13-CV-3946	COUNTY Philadelphia
DEFENDANT(S) ECFMG	DATE PREPARED Dec 23, 2013	SERVED BY Clifford Richway, Jr.
SERVE AT 3624 Market Street Philadelphia, PA	<input type="checkbox"/> Civil Action <input type="checkbox"/> Summons <input type="checkbox"/> Writ Of COMPANY CONTROL NUMBER 094677	<input type="checkbox"/> Subpoena <input type="checkbox"/> Notice of Real Estate Sale <input checked="" type="checkbox"/> Other Amended Complaint

SPECIAL INSTRUCTIONS

Served and made known to ECFMG
 on the 18 day of December, 2013, at 01:35 PM
 at 3624 Market Street, County of Philadelphia

Commonwealth of Pennsylvania, in the manner described below:

- ☐ Defendant(s) personally served
☐ Adult family member with whom said Defendant(s) reside(s). Relationship is _____
☐ Adult in charge of Defendant's residence who refused to give name or relationship.
☒ Agent or person in charge of Defendants's office or usual place of business. William Kelly
☐ _____ an officer of said Defendant company.
☐ Other _____

Description	Age:	Height:	Weight:	Race:	Sex:
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On the _____ day of _____, _____, at _____
 Defendant not found because: ☐ Moved ☐ Unknown ☐ No Answer ☐ Vacant ☐ Other

NAME OF SERVER

Clifford Richway, Jr. being duly sworn according to law, deposes and says that
 he/she is process server herein named; and that the facts herein set forth above are
 true and correct to the best of their knowledge, information and belief.

Sheriff _____ Process Server/Competent Adult _____

Sworn to and subscribed before me this
6 day of JANUARY, 2014

Carolyn Witw

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

CAROLYN WITW, Notary Public
 City of Philadelphia, Phila. County

My Commission Expires January 15, 2017

Law Firm Matthew Thomas, Jr.
 Attorney's Name 31 Roosevelt Avenue
 Address Staten Island, NY 10304
 Telephone # _____ Client # _____

ATTEST

PRO PROTHY

DATE